

091615564

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sm 2		7/22/95
O.I.P.E. CLASSIFIER		834	8/6/99
FORMALITY REVIEW	TK		8/30/00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ..... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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